Reviewer’s report

Title: Risk factors for community-acquired Acute Kidney Injury in patients with and without chronic kidney injury and impact of its initial management on prognosis: a prospective observational study

Version: 0 Date: 19 May 2017

Reviewer: Vijay Lapsia

Reviewer's report:

Well designed study that is an excellent addition to the literature.

Apart from minor language corrections, well written manuscript.

A couple of questions/suggestions:

1. Not entirely clear why author's chose to use 'the lowest creatinine value within the next 28 days after AKI' for patients who has no recent or previous creatinine values. I do not believe this assumption is standard practice and has likely confounded some of the results. Wouldn’t the preferred method be to censor patients who did not have baseline values from those calculations?

2. Recommend creating one more abbreviation for patients with CKD and AKI (page 10, line 20): CA-ACKI (Community Acquired-Acute on chronic kidney injury)

3. Please reword line 31 on page 11.

4. Recommendations are generally not appropriate in the concluding paragraph of a manuscript (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3626472/). Suggest shortening the conclusion.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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